

# techniques: not just for athletes

Interview by Douglas M. Cottrell

*Active Release Techniques (A.R.T.) is a revolutionary approach to soft tissue management. It has been gaining a lot of attention from the media lately, fueled by glowing reports from elite athletes the world over. Pro boxer Danny Lalonde, world champion mixed martial artist Frank Shamrock, and even movie actor Danny Glover have all sung the praises of A.R.T., attributing their rehabilitation and increases in performance to this hands-on adjunct therapy. A.R.T. was developed by Dr. Michael Leahy, a former engineer and chiropractor at Champion Health in Colorado Springs, Colorado. We spoke with an associate of Dr. Leahy, Dr. Andrew Chavkin about A.R.T. and its practical application outside of the sports arena.*

**Q: What is Active Release Technique?**

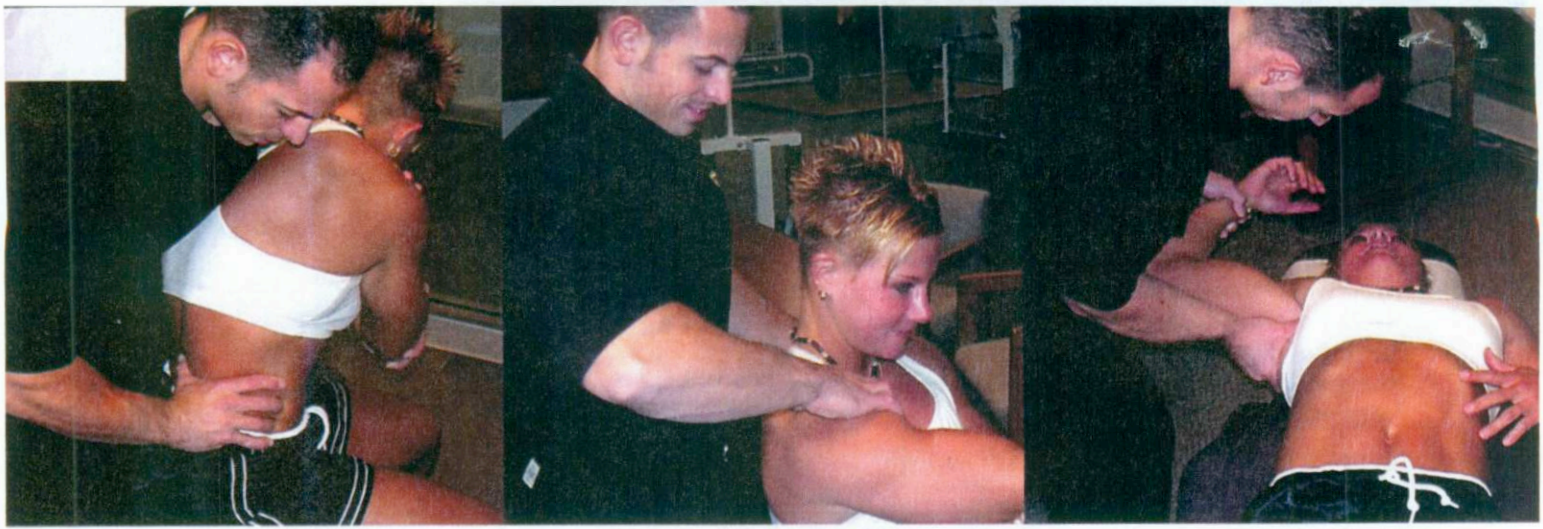
**A:** Active Release Technique is a soft tissue technique that was developed by Dr. Michael Leahy in the mid-1980s. It is a hands-on technique basically used to break up scar tissue and adhesions that form within muscles or between muscles.

Sometimes the adhesions will trap nerve tissue. A common ailment that people would know about is carpal tunnel syndrome. If someone truly has a carpal tunnel syndrome, the entrapment site would be at specifically the carpal tunnel, which is part of the wrist. But many times that's not where the entrapment site is. It'll be further up in the palmar side of the forearm, or it might be in the armpit, or it could be in the neck. So, diagnostically, the trick is to figure out where that adhesion actually formed. There are so many cases of an injury being misdiagnosed as carpal tunnel syndrome when it truly isn't. It's the nerve that goes through the carpal tunnel usually that is getting trapped, and typically it isn't at that one particular site.



Dr. Michael Leahy,  
developer of Active  
Release Techniques





**Q: How do adhesions form in soft tissue?**

**A:** What it is, basically, is scar tissue. Generally it's from a lack of oxygen. Think of scar tissue adhesions as a little bit of glue that it will impede your range of motion. If your range of motion is impeded, or the normal sliding of muscle tissue over one another is impeded, then your mechanics will be altered, and that's when you start noticing problems (other than at the original site of pain). A lot of times we will see a patient come in originally with a shoulder complaint. If this is left untreated, down the road they could start to develop either upper back or elbow problems that are related to the shoulder dysfunction.

What's interesting for me is that a lot of people don't have a very good concept of anatomy. They don't realize that our bodies, and our muscles are layered. Muscles have to slide and glide in a normal pattern over one another. When that happens you have normal movement pattern. If adhesions form within the muscles - which could be from repetitive use or from traumatic injury - they can get stuck together. If they do get stuck together, then it will impede the movement and you'll have what I call "faulty movement patterns." You just won't move in a smooth, co-ordinated pattern. If this happens to someone who is dependent upon speed or strength, it will most definitely affect that. For the general layperson, it may lead to pain and discomfort, which is going to affect their movement, which might directly affect their performance at work.

**Q: How does Active Release compare to other forms of hands-on bodywork?**

**A:** What's very different about ART is it's very specific in its application. A trained ART provider will learn how to use their hands as tools to locate these adhesions. Once you locate them, you're bringing the body through a range of motion, generally in an active way. There are some occasions where the patient passively will be moved through the range of motion

by the provider, but typically we're taking a more active approach. What I describe to patients is we're taking a structure, putting it in a shortened position, getting a contact, and then lengthening that structure. So there's a specific application of the contact, and there's a very specific range of motion that the body is being put through. Generally some types of massage therapy will have you go in and find an area and just rub on it or maybe go over it with cross friction. With this, we're going in the orientation that the muscle fiber lies, and generally we go with venous and lymphatic flow, so that prevents bruising. Very rarely do you get bruising with the patient.

**Q: Anyone who has had fascia worked by a massage therapist knows that some treatments can be quite painful. Is the same true for ART?**

**A:** It can be painful. A lot of it depends on the extent of the injury and how long it's been there. Whoever is providing the treatment really has to use their judgement. If this is an elite or competitive athlete, you can work a little deeper because you know they can tolerate it. If I'm working on someone who is a little older, is diabetic, or has some other medical condition, I have to judge the depth of the tissue pressure with the patient that I'm working with. But typically speaking, a lot of people describe it as a "good hurt." When they get worked on they say, "I really feel what you're doing, and it's uncomfortable, but I can feel that it's actually working something and it feels good."

**Q: Was it originally developed to enhance elite athlete performance?**

**A:** I think when Dr. Leahy was in chiropractic college he was seeing some athletes in Los Angeles. He is a graduate of Los Angeles College of Chiropractic. One of his first applications was working on bodybuilders and that's when he started seeing the benefits of it. It became more popular because athletes were using it, and the word spread. But it also works really well with industrial-type settings where you have factory workers who are doing a lot of repetitive motion.



That's really where you see the greatest benefit. An athlete is someone who does an activity repetitively, and so is an office worker - someone who sits in a chair and constantly works at a keyboard, or someone who works on an assembly line, or a mechanic who works overhead doing the same movements. They tend to develop adhesions and injuries because they're doing a repetitive movement over and over with very little rest in between.

**Q: What kind of a difference can ART make?**

**A:** It depends on the injury. If someone has a nerve entrapment, what they're going to notice is tingling or numbness in some part of their body. Left untreated, that probably will remain. If you go with

"I really feel what you're doing, and it's uncomfortable, but I can feel that it's actually working something and it feels good."

Active Release, the success rate is very high (if you find the correct area to be treated). It really depends on the severity of the injury. We get a lot of runners who come in, and it might not be a traumatic injury, but for the level they compete at, every

small bit of improvement will make a great difference in the outcome of their race or activity that they do. So for them, just freeing up and separating muscle tissues from each other can make a great difference.

**Q: I understand that most ART practitioners are chiropractors.**

**A:** My first introduction to ART was in 1998. I've taken several seminars since, and over the last four years I've seen more physical therapists and occupational therapists learning it. One of our current assistant instructors is an anesthesiologist practicing in Pennsylvania. Definitely the majority of people at the seminars are chiropractors, but, like I said, I've met more and more physical therapists, massage therapists and people who specialize on single parts of the body (like a hand therapist). I know your publication is in Canada, and that's probably the biggest seminar that we have. Of all the seminars in North America, the biggest turnout is usually in Toronto. It's pretty well known in that part of the country.

**Q: How does someone find a qualified ART practitioner?**

**A:** Right now we have a website, [www.activerelease.com](http://www.activerelease.com). On that website is a provider locator. You can enter your postal code or province and



*Dr. Chavkin treating Jill Kolivoski (2002 Colorado State Heavyweight Bodybuilding Champion)*

find a provider through the search engine. If you can't find a provider that way, you can call us toll-free at 888-396-2727.

**Q: Did you have any additional comments you'd like to make?**

**A:** I've taken several post-graduate seminars in other institutions and by far and away when students come to ART (and students could be doctors or therapists who have been practicing 10 or 15 years) I think that they find our seminars to be extremely informative. Typically with post-graduate seminars there are maybe one or two instructors in a class of 50 or 60 people. They try to teach you something, but you don't get very much attention. When you come to one of the ART seminars, the great thing is it's mostly all hands-on. The first hour of the first day of the seminar is a lecture - the history of Active Release, where it's applied, indications and contraindications. Then we break up into groups of usually 10 to 12 students with an instructor and an assistant instructor. So it's almost a ratio of 6 to 1, and for three and a half days we practice the protocol. It's very organized. When a student signs up to take the course, they get a manual that describes every protocol in detail and how to do it. They also get video tapes or a DVD that shows them how to do it. They prepare before coming to the course. Then we go through each protocol one after another. We watch it on big-screen all together, then we break into groups. The students practice it on one another and on the instructors to get direct feedback. It's amazing to see after two days the touch and how





good it gets. They could be a practicing physical therapist where they stretch a lot of people, or a practicing chiropractor where they're manipulating patients, but they don't do a lot of soft tissue work, and the touch isn't the same. Some people's is fantastic. But you can see the improvement really quickly. By the end of three days it's amazing to see the transformation. Then it's just a matter of them going back into their practice or clinic and really applying it and using their mind. If you go to a chiropractor and say "My wrist hurts" or "I'm having ankle pain," the chiropractor will just address your spine and that's it. What's wonderful about ART is you're really going to focus in on the region and the problem - wherever it lies. And the way the seminars are broken up now is we have three courses. We have an upper extremity course where we deal with part of the spine, the shoulder, and the whole arm and hand. The second is the spine which covers from the neck to the low back and part of the pelvis. The third is the lower extremity, which overlaps a little with the spine all the way down to the feet. Those three seminars teach basically how to use this technique on the whole body.

**Q: What do you have coming up for the future?**

**A:** Active Release has a partnership with Ironman Triathlon. At several of the triathlons around the world there is an Active Release tent to provide treatment to the athletes free of charge for the week up to - and including - race day. Dr. Leahy has had that set up for several years now. What he's gearing next towards is performance care. Our clinic is located right down the street from the olympic training centre. What will happen is Dr. Leahy will bring in an olympic triathlete, and if they're having difficulty running, he will evaluate what he feels is the problem and then actually have them run. He'll watch them, and next he'll treat them and see if it increases their performance. We have an olympic platform, so we can have an olympic weight-lifter come in and they can say, "It hurts when I do the clean and jerk at this

particular phase of the movement." Then Dr. Leahy will watch them do it and see where he sees a postural fault or something happening that shouldn't be occurring. He'll treat them right there on the spot - work on the tissues and the structures that he feels are the problems. Then he'll have them do the lift and see objectively if they get stronger, or if it's easier to do the movement. That's what he calls performance care, where the goal of the treatment is not to reduce pain, treat symptoms or pain patterns, but to increase performance.

Currently Dr. Leahy is in the second year working with the Denver Broncos. Twice a week he'll go up to Denver and treat selected players that the athletic trainer will pick for him to work on. He'll treat those players, again, with the goal being to increase their performance. It's a really neat concept. It's something we're trying to apply to other sports as well. Dr. Leahy works with several golfers on the PGA tour. Again, it's watching mechanics. He'll be with the golfer's coach, and the golfer will be doing his swings in practice, then they'll work on it. With



golfers, because there's so much torque involved with the sport, a lot of the times you'll find the problems are in the low back and the hips. And Dr. Leahy will just work on the structure that he feels is the problem, and see if it increases their performance and the accuracy of their shot.

If you can take an athlete like Donovan Bailey, who's a world-class sprinter, and shave a tenth or two-tenths off of his sprint time, that's amazing. That can make the difference between first place and fifth place. That's where it's leading to now, with performance care. ☺

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